

**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
FOOD & STANDARDS DIVISION**

Telephone: (860) 713-6160

Web Site: www.ct.gov/dcp/

For Official Use Only

**APPLICATION FOR
PUBLIC WEIGHER LICENSE**

INSTRUCTIONS:

All spaces must be completed - please print or type. This application **must be accompanied by a check or money order in the amount of \$20.00**, made payable to: ***"Treasurer, State of CT"***. Application fees are non-refundable.

→ Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Applicant's Name (First Name, Middle Initial, Last Name)			
Street Address		City	State
Telephone Number (with area code)		Social Security Number	Years of Experience
Date of Birth	Applicant's BirthPlace		Email
Have you ever been convicted of a felony crime? Yes No If yes, please provide on a separate sheet, the date(s), and nature of conviction(s), where the case(s) were decided and a description of the circumstances relating to each conviction(s).			
Employer's Name			
Employer's Street Address		City	State
Name of Concern for Whom Commodities will be Weighed:			
Street Address for Whom Commodities will be Weighed:		City	State
Name of Concern for Whom Commodities will be Weighed:			
Street Address for Whom Commodities will be Weighed:		City	State

I subscribe and affirm under the penalties of perjury, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of Applicant _____ Date _____

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INSPECTION DATE:				INSPECTED BY:		APPROVED BY:		APPROVAL DATE:	
FEE DUE:				LATE FEE:		FEE COLLECTED:		CHECK OR MONEY ORDER #:	
NEW LICENSE <input type="checkbox"/>		RENEWAL APPLICATION <input type="checkbox"/>		CURRENT REGISTRATION #				EXPIRATION DATE: 6 / 3 0 / _ _ _	